

2006 Medicare Supplement Premium Survey and Instructions

1. All companies should complete the company and contact information included at the top of the survey form.

- If the reporting company does wish to have its premium information included in the Guide, please indicate so in the allotted space and complete the remainder of the survey form.
- If the reporting company does NOT wish to have its premium information included in the Guide and is still marketing Medicare supplement plans in Virginia, please indicate so in the allotted space and return the survey form. There is no need to furnish any further premium information on the survey form.

2. The following information will be helpful in completing the requested premium information:

Round all dollar figures to the nearest dollar

We are requesting premium information for all available plans, A through J (and high deductible plans), as well as the new plans K and L, if available, for the following five (5) categories:

1. Medicare eligible under age 65 – Disabled;
2. Medicare eligible purchased at age 65;
3. Medicare eligible purchased at age 70;
4. Medicare eligible purchased at age 75;
5. Medicare eligible purchased at age 80;

There are 4 rows within each category for the reporting of multiple rates for plans, (for example, attained age, issued age, male and female rates within the same category and plan).

If you do not offer a specific plan, leave that space blank.

Company: Please fill in your company name as you would want it to appear in our premium publication. If the name is too long for the space, please make an acceptable abbreviation.

Phone Number: If available, show a toll-free number that may be used by potential customers seeking policy information. If toll-free is not available, show the area code with the toll number.

Policy Fee: Enter the amount of any one-time fee required of the purchaser (whether called “policy fee,” “membership fee,” etc.).

Area: If you do not have area rating (i.e. all residents of this state would pay the same premium) enter "A". If there are geographic differences in premiums, enter "Z" and show premiums for a resident of Richmond zip code. Richmond – 232

Sex: If your rates are unisex, enter **M/F**. If not, enter **M** for the male rate, and **F** for the female.

Prem Type (Premium type): If the policy is rated on an attained age basis, enter **AA**. If it is rated at issue age, enter **IA**.

Guar. Issue: Enter **N** unless the policy will be issued without regard to the applicant's health (outside the open enrollment period). If applicant cannot be rejected for health reasons, enter **Y**.

Crossover: Enter **Y** if the policy is included in a **crossover contract** between your company and Medicare, providing for Medicare to forward claims directly to the company. Enter **N** if there is no crossover service rather than that required when policyholders use participating providers.

Pre-Ex Wait: Enter the number of months the new policyholder must wait before pre-existing medical conditions will be covered (assuming it is **not** a replacement policy).

Date Approved: Enter the date these rates were approved by the Bureau of Insurance.

Premiums: Compute **annual** premiums which will be in effect on **February 1, 2006**. Include any fees imposed for payment in installments rather than single annual payment.

Use additional space at the bottom of the form for any additional information you wish to submit or for clarification of any of the information included in the survey.

Commonwealth of Virginia - State Corporation Commission, Bureau of Insurance Life and Health Division
MEDSUP SURVEY 2006

Name of person completing survey: _____ Company: _____
 E-Mail Address of person completing survey: _____ NAIC #: _____
 Office Telephone No.: _____ Company Phone No.: _____
 Company Website: _____

PLEASE INCLUDE this information in the Guide
Company currently markets Medicare Supp,
but DOES NOT wish to be included in the Guide

2006 Annual Premiums for Standard Plans

Age	Policy Fee	Area	Sex	Prem Type	Guar Issue	Cross Over	Pre-Ex Wait (Mos)	Date Approved	A	B	C	D	E	F	F+	G	H	I	J	J+	K	L
Under 65 Disabled																						
65																						
70																						
75																						
80																						

F+ High Deductible Plan F

J+ High Deductible Plan J

Comments: _____